MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10829260 FILING DATE 4-22-04

APPLICANT(S)

CLAIMS

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3						
4						
5		5				
6		5				
7		5				
8		5				
9						
10	1					
11		6				
12		0				
13		0				
14			1			
15						
16			1			
17			1			
18						
19			1			
20						
21						
22						
23						
24			1			
25						
26			1			
27			1			
28			1			
29						
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31						
32			1			
33			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	17		19			
TOTAL CLAIMS	19		21			

Claim	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						